

Reports and Payments

Presented by: Franchise Tax Policy Staff

Organizer: Janet Spies

Panelists: Teresa Bostick, Claire Jamal,

Jerry Oxford, Martha Preston,

Nat Robberson & Jennifer Specchio

News Flash!!

Preprinted report forms will no longer be mailed to taxpayers. Instead they will receive a return generation letter with tax ID and password (XT number).

S U S A N
C O M B S

TEXAS COMPTROLLER of PUBLIC ACCOUNTS

P.O. Box 13528 • Austin, TX 78711-3528



April 11, 2008

JANET'S JUNK 5611 HONEY DEW TER AUSTIN TX 78749-1224 Taxpayer number 32036978859

File number 0028677580

WebFile number XT613880

Report year Due date 2008 05/15/2008

Dear Taxpayer,

As you may know, the Texas Legislature made changes to the existing franchise tax and imposed the revised tax on most legal entities, including partnerships, that are organized or chartered in Texas or that do business in Texas.

Your business has its annual franchise tax report due on the date shown above. All taxable entities must file a report even if no tax is due.

FILING OPTIONS:

- File and pay online at www.window.state.tx.us/taxinfo/franchise/ft_revised.html using the WebFile number provided at the top of this letter.
- Complete the report forms online at www.window.state.tx.us/taxinfo/05-form7.html before printing and mailing.

Using these filing methods helps to prevent calculation errors and allows us to process your report more quickly and accurately. We no longer provide preprinted report forms.

COMBINED REPORTING: Taxable entities that are part of an affiliated group engaged in a unitary business must file a combined report (Section 171.1014, Texas Tax Code).

- While the reporting entity is required to file the franchise tax report and information report
 on behalf of each member, the affiliate's account status will be affected if the reporting
 entity fails to satisfy all filing requirements.
- A reporting entity requesting an extension of time to file the franchise tax report must also file the Texas Franchise Tax Affiliate List (Form 05-165).

Information about the revised franchise tax is available online at www.window.state.tx.us/taxinfo/franchise/ft_revised.html. A list of frequently asked questions, on the left side of the page, will help you get answers quickly. For more assistance, call (800) 252-1390, toll-free nationwide, or (512) 463-4600 in Austin. Our e-mail address is tax.help@cpa.state.tx.us.

WWW.WINDOW.STATE.TX.US

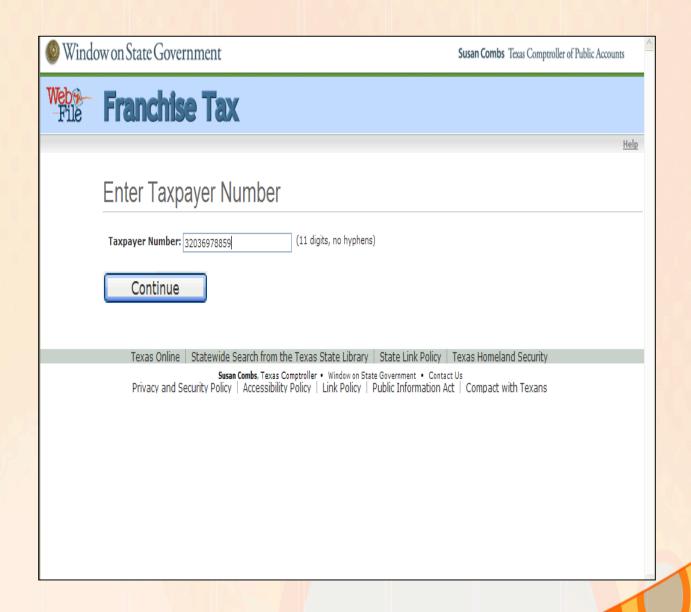
512-463-4000 • TOLL FREE: 1-800-531-5441 • FAX: 512-463-4965

Reporting Options

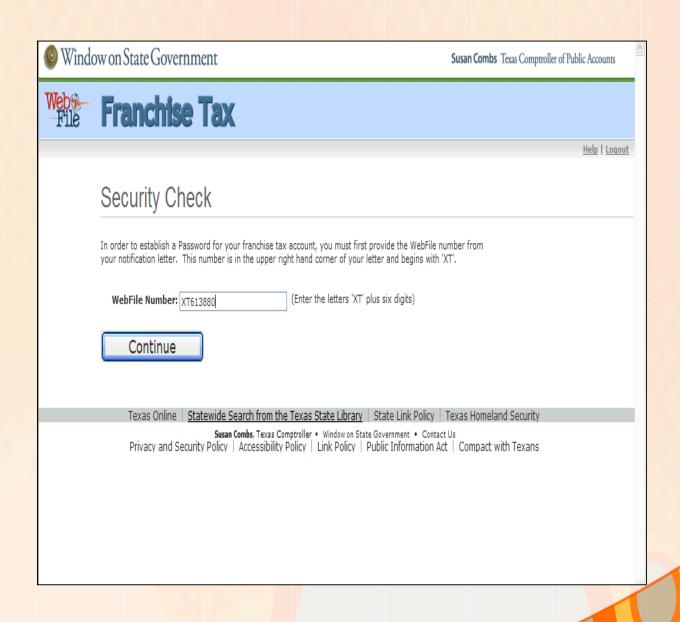
Three options for filing reports:

- Webfile.pdf submit: File a report and pay electronically
- Smart.pdf Complete a report or extension request online, print and mail with payment.
- Plain.pdf Print a report or extension request, complete manually and mail with payment.

Step 1 – Enter TP Number



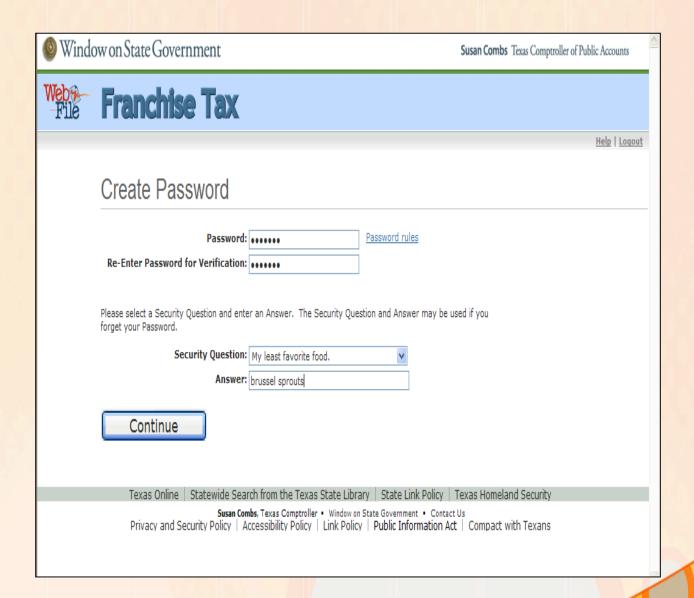
Step 2 – Enter XT Number (webfile)



Step 3 – Enter Preparer Information

| Window on State Government | Susan Combs Texas Comptroller of Public Accounts |
|---|---|
| Web Franchise Tax | |
| | Help Loqout |
| Enter Preparer Information | |
| Taxpayer Number: 32036978859 | |
| Preparer's First Name: Janet | |
| Middle Initial: | (optional) |
| Last Name: Spies | |
| Email Address: | |
| Daytime Telephone: () - Exte | nsion: |
| Continue | |
| | as State Library State Link Policy Texas Homeland Security |
| Susan Combs, Texas Comptro Privacy and Security Policy Accessibility Polic | ller • Window on State Government • Contact Us y Link Policy Public Information Act Compact with Texans |

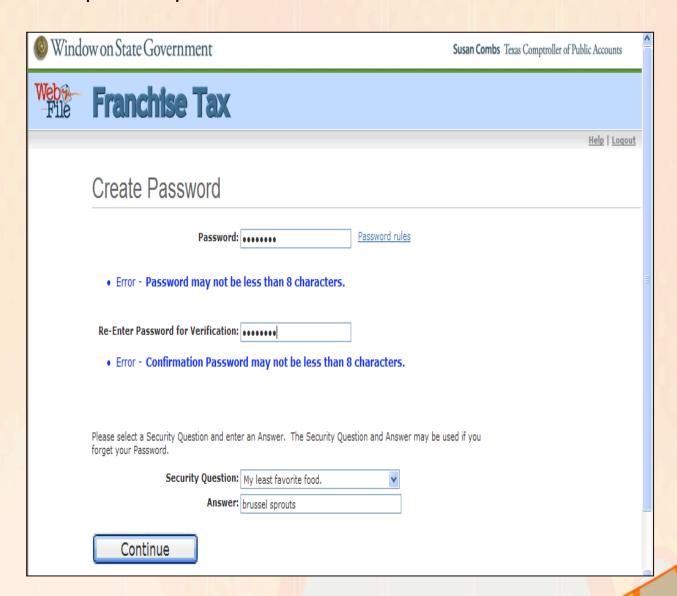
Step 4 - Create Password



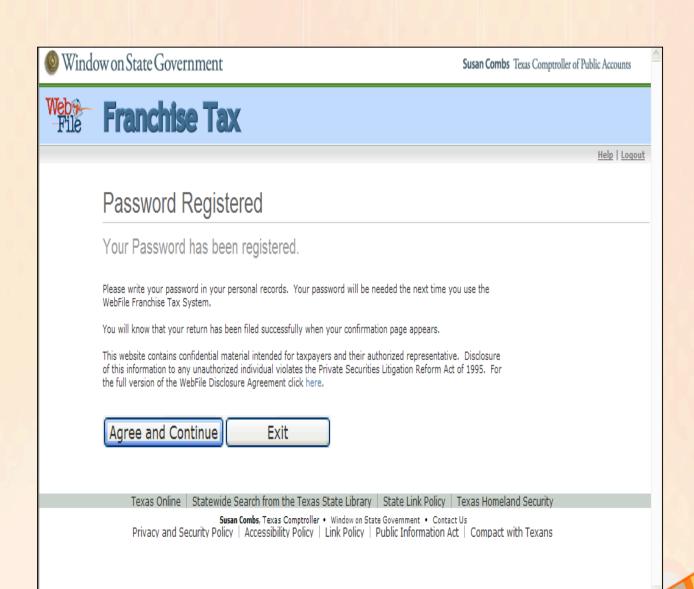
Webfile Step – 4a

OOPS!!

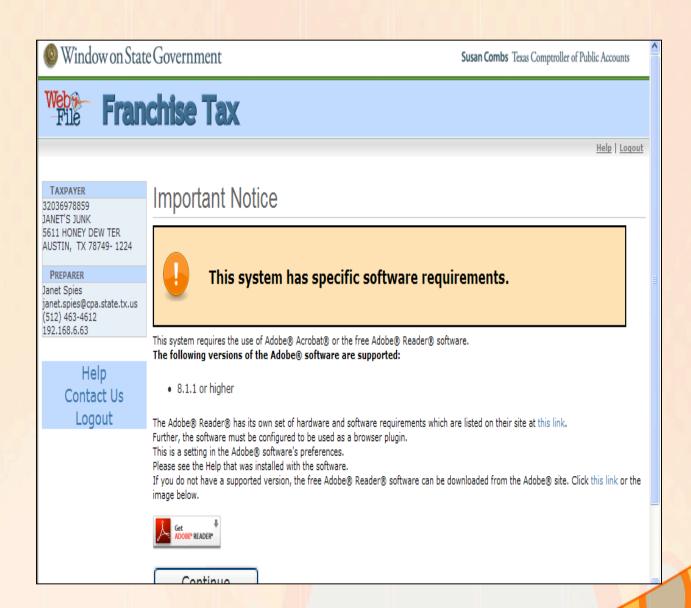
Repeat Step 4 – Password must be 8 characters!!



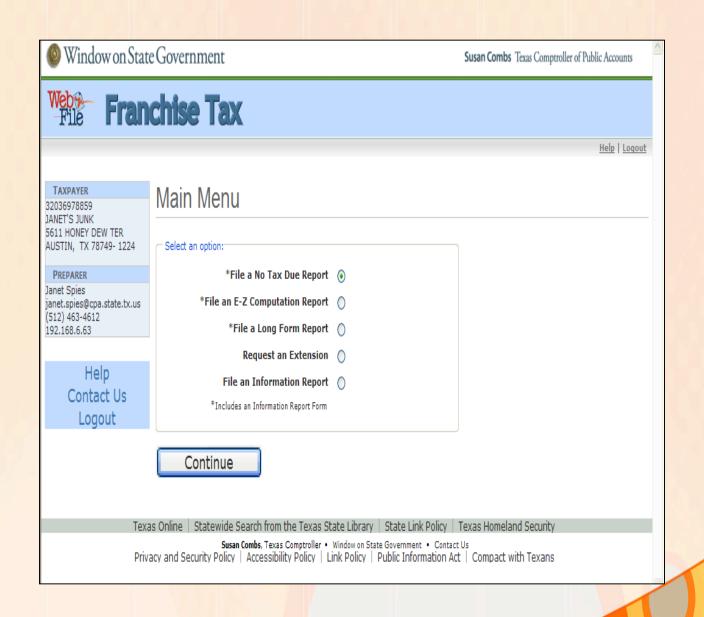
Step 5 - Agreement



Step 6 – System Requirements



Step 7 - Select Report Packet



Packets available:

| <u>Long Form</u> |
|----------------------------|
| 05-158-A Franchise Tax |
| Report Page 1 |
| 05-158-B Franchise Tax |
| Report Page 2 |
| 05-160 Credits Summary |
| Schedule |
| 05-102 Public Information |
| Report |
| 05-167 Ownership |
| Information Report |
| 05-170 Payment Form |
| 05-166 Affiliate schedule |
| 05-175 Tiered Partnership |
| Report |
| |
| <u>Extension</u> |
| 05-164 Extension Request |
| 05-165 Extension Affiliate |
| List |
| |

Note: A Taxable Entity may not file every form in every packet.

Report

Qualifications:

What entities can file what packets?

No Tax Due

Passive Entities

Total Revenue \$300,000 (annualized) or less

Zero Texas Receipts

Combined Groups may not file NTD Report

EZ Computation

\$10 million or less in Total Revenue (annualized)

** No deduction for COGS or Compensation allowed.

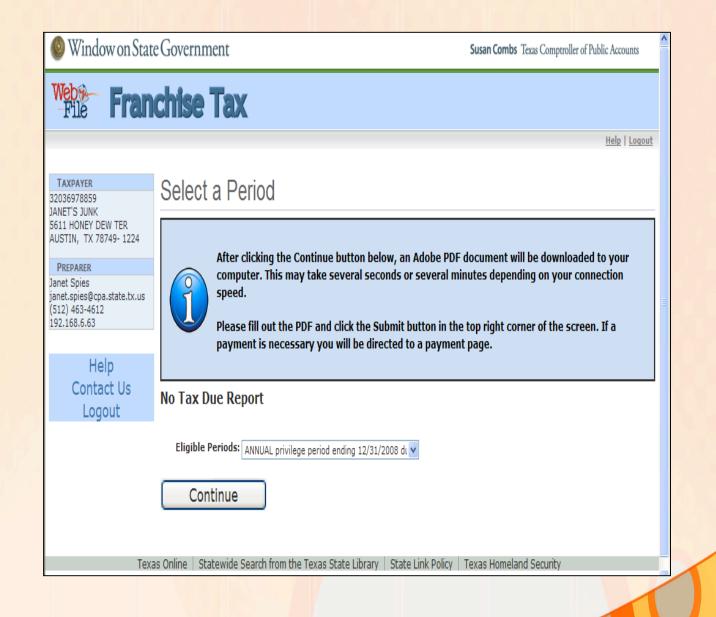
Long Form

Any Taxable Entity

Extension

Any Taxable Entity

Step 8 – Select Report Period



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Step 9 – PRINT REPORT after completing data and before submitting!

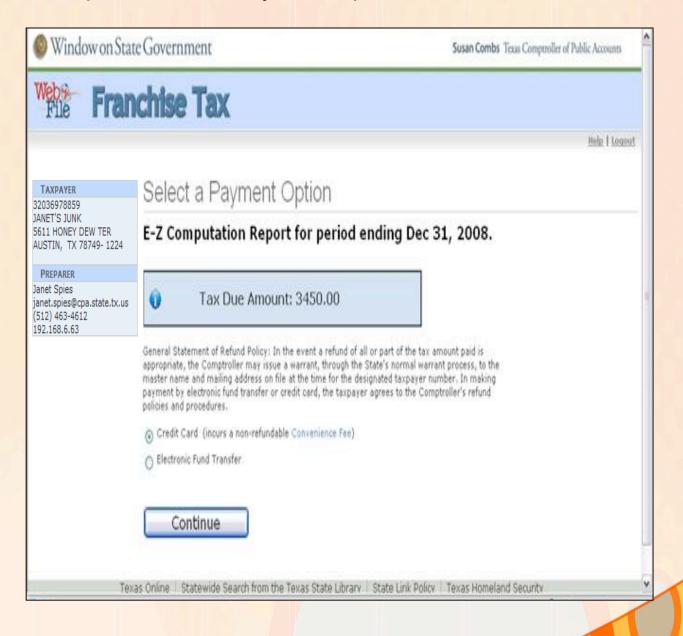
| 05-163 (1-08) Tcode 13255 Annual | TEXAS FR NO TAX DUE INF | ANCHISE TAX FORMATION REF | PORT | Submit Print Form |
|---|---|---|------------------------------|--|
| Tappayer number | ■ Reportyeer | Due date | Privilege p | eriod covered by this report |
| 32036978859 | 2008 | 05/15/2008 | 01/01/2006 | 3 _ 12/31/2008 |
| Tappyer name IANET S JUNK Meling address son I RONE Y DEW TER | | | | Secretary of State file number or Comptroller file number 0028677580 |
| City State AUSTIN TX | i Cou | nby | ZP Code Plus 4 78749 1224 | Blacken orderfthe address has changed ■O |
| | OLD 2. COMPENSATION | | 5K code 5399 | MAK5 code 452990 |
| Blacken circle if Total Revenue is adjusted for Tiered Pa | etnership Election, see 171.1 | 015 =0 | | |
| Blacken circle if this is a Corporation or Limited Liability | Company () Black | | v other than a Corporati | on or Limited Liability Company (ii) |
| . D | . i T D 2 | | | |
| 2. Does the entity have \$300,000 or less | in lotal nevenue: (2 | lee instructions) | | 2. 💿 |
| Does the entity have zero Texas Gros | | iee instructions) | | 2. ① |
| , | s Receipts? | | | - 0 |
| 3. Does the entity have zero Texas Gros | s Receipts? dit for Business Loss C | | | з. О |
| 3. Does the entity have zero Taxas Gros 4. Did you use the 2008 Temporary Crea 5a. Accounting year | s Receipts? dit for Business Loss C | arryforwards? 5b. Accounting | | 3. O 4.¶O |
| 3. Does the entity have zero Toxas Gros 4. Did you use the 2008 Temporary Crea 5a. Accounting year begin date 5a. 01/01/200 6. TOTAL REVENUE (Mholedollar anis) | s Receipts? dit for Business Loss C | arryforwards? 5b. Accounting end date | 5b. ■ 12/ | 3. O 4. ¶O 31/2007 |
| 3. Does the entity have zero Toxas Gros 4. Did you use the 2008 Temporary Crea 5a. Accounting year begin date 5a. 01/01/200 6. TOTAL REVENUE (Mholedollar anis) | s Receipts? dit for Business Loss C of y y 7 7 6. | arryforwards? 5b. Accounting end date | 5b. 12/ | 3. O 4. O 31/2007 300,000 |
| 3. Does the entity have zero Taxas Gros 4. Did you use the 2008 Temporary Crea 5a. Accounting year begin date 5a. 01/01/200 6. TOTAL REVENUE (Misoladular anti) | s Receipts? dit for Business Loss C of y y of 6. may not be used if elec | arryforwards? 5b. Accounting end date cting the E-Z Comp | sb. 12/ | 3. O 4. O 31/2007 300,000 |

Webfile Step – 9 cont'd

Step 9 – continued

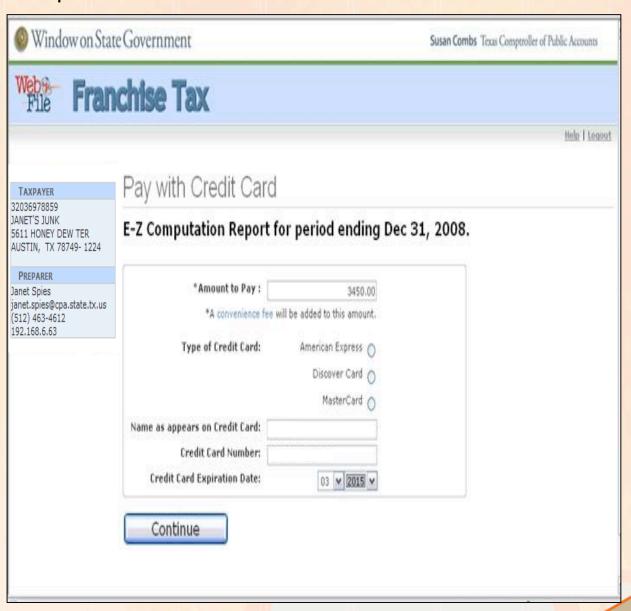
| Tcode 13197 (To be filed | WNERS! | HIP IN | RANCHISE FORMATIC importations or Li mattery franchi | N RE | ability Compa | | | | |
|--|-----------------|------------------------|---|---------------|------------------------|-----------------|---------------|---|----------|
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| 32036978859 | 2008 | | | | | | | have on file about yo I, toll free nationwid | |
| Texpayer name JANETS JUNK Mailing address | | | | | | | | ate file number or e number | |
| S611 HONEY DEW TER | | | | _ | | | 677500 | | _ |
| AUSTIN | State TX | | i | Suntry ISA | | ZIP (| | Plus 4 1224 | |
| SECTION A. Enter the information required for each gen | eral partne | rand ead | h person or enti | ty that | owns an Inter | rest of ten per | cent (109 | ormore in this e | ntity. |
| Name JANET SPIES | | What type Blacken o | of owner? only one) | | MEMBER | LIMITED | PARTNER O | | ER |
| Making address 561 1 RONEY DEW TER | | | | 3 | ti number 141254567 | | 50 | tage of ownership | 3 |
| Gty Austin | | State TX | | | IP Code 18749 | | Plus 4 | | |
| Name Name | | What type | of owner? | | MEMBER | LIMITED | PARINER | CENERALTARII | EЯ |
| TERESA BOSTICK Mailing address | | Blacken | only one) | F | El number | - | | tage of ownership | \dashv |
| Gtv | | State | | | (P Code | | 50 Plus 4 | | • |
| AUST N | | State TX | | € 7 | 0749 | | | | |
| Name | | What type Blacken | of owner? | | MEMBER | LIMITED | PARTNER O | CENERAL PARTIN | ER |
| Mailing address | | | | F | Elnumber | | Percen | tage of ownership | , |
| Gty | | State | | | (P Code | | Plus 4 | | |
| Name | | What type Blacken o | of owner? | | MEMBER | LIMITED | PARTINER O | CENERAL PARTY | ER |
| Maling address | | | | 7 | Elnumber | | Percen | tage of ownership | • |
| City | | State | | <u> </u> | PLode | | Plus 4 | | |
| SECTION B. Enter the information required for each ent of ten percent (10%) or more. | ity, if any, in | which th | is partnership, a | associa | tion, trust or c | other entity ov | rns an Int | erest | |
| Name of owned (subsidiary) corporation or entity | | | State of formatic | on | FEI nun | nber | P | ercentage of Owne | nihip |
| Name of owned (subsidiary) corporation or entity | | | State of formatic | on | FB nun | nber | A | ercentage of Owner | rship |
| Registered agent and registered office currently on file. (See Agents | instructions | ř you need | l to make change | uj | | | | | |
| Office: | | Gty | | | Sk | ate · | ZIP Code | Plus 4 | |
| The above information is authorized b Use additions | | | | | | | (4) for e | ach entity. | |
| I declare that the information in this document and any attachments mailed to each person samed in this report who is a member or part | | | | | | date below, and | ikat a copy | of this seport has been | n |
| sign here | | Title | | | Date | | | eand phone numb 463 - 4612 | er |

Step 10 - Select Payment Option



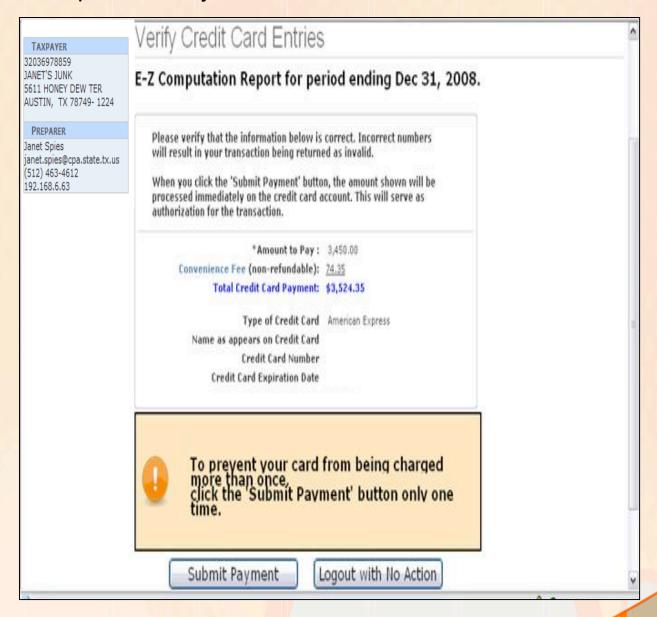
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Step 11 – Enter Credit Card Information



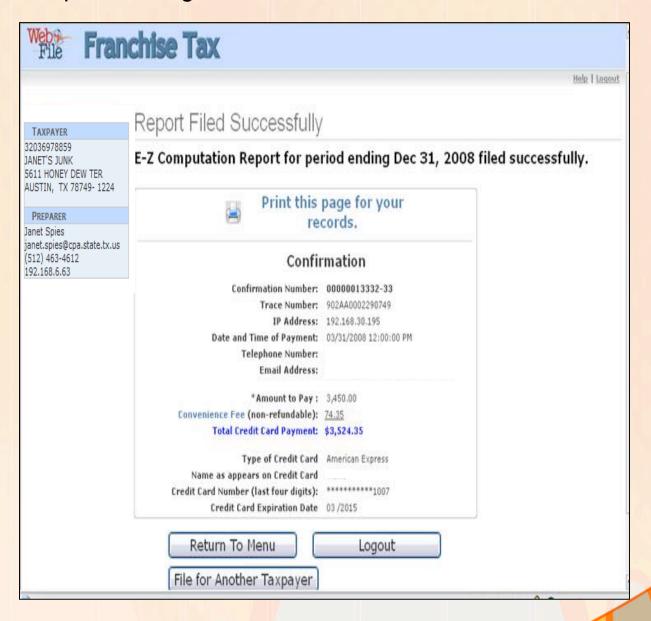
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Step 12 - Verify Credit Card Information



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Step 13 - Filing Confirmation - PRINT - Exit



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FAQ's

Account and Report Form Information

1. My business, a limited partnership, is now subject to the franchise tax. How do I get a taxpayer number?

All "newly taxable entities" that are registered with the Texas Secretary of State's office, such as limited partnerships, limited liability partnerships, and professional associations, have been added to the Comptroller's records. A taxpayer number was assigned at that time and mailed to the address on file with the Secretary of State. You can search our records by entity name, tax ID number or Secretary of State file number at http://ecpa.cpa.state.tx.us/coa/Index.html. Taxable entities that are not registered with the Texas Secretary of State, such as general partnerships, should complete the Texas Business Questionnaire (for Texas entities) or the Texas Nexus Questionnaire (for non-Texas entities.) A taxpayer number will be included with our response. (Updated 04/23/08)

2. When are the first reports due under the revised franchise tax?

To accommodate implementation of the new computer system that is needed for the revised franchise tax, taxpayers with initial reports originally due from January 1 through April 30 were automatically extended to May 1, 2008. These taxpayers will not have the option of filing the initial report electronically. However, the original due date of the initial report should be used to determine the accounting period on which the report is based. The accounting period end date on an initial report must be at least 60 days before the original due date. For example, assume a corporation formed on October 20, 2006, has an initial report originally due on January 17, 2008. The due date for this initial report is extended to May 1, 2008. If the corporation has a December 31 accounting year end, the corporation uses December 31, 2006, as the ending date for the report, since December 31, 2007, is not 60 days before the original date of January 17, 2008.

3. On the Texas Business and Nexus Questionnaires, each general partner, each member, and each limited partner with a 10% or more interest in the partnership must be provided. There is a space for each partner to sign. Is each partner or member required to sign?

Each partner or member must sign, or authorize a person to sign for them. Maintain evidence of the authorization in the entity's records in the event of an audit.

4. What form does a non-Texas corporation or LLC use to file a final report if it ended its existence in its home state prior to 11/02/07?

A final report is due 60 days after the entity ceases doing business in Texas. For a final report due prior to January 1, 2008, as is the case in this situation, you must use the Final Texas Franchise Tax Report Form 05-139.

5. What are the rules for an entity, such as a limited partnership, that would have become subject to the franchise tax on 1/1/08 but ended its existence before that date?

If the entity ended its existence after 06/30/07 but before 01/01/08, they must file a final report based on the margin calculation. The date the entity ceased to exist is the accounting period ending date. The entity should file the appropriate form - E-Z Calculation, No Tax Due, or Long Form - and write "Transition Final" at the top of the report. (Updated 03/31/08)

6. What does an entity file if it is ending its existence or no longer has nexus in 2008?

Entities ending their existence in 2008 must file an annual report, a final report, and the appropriate Information Report - a Public Information Report (05-102) for corporations and LLCs, or an Ownership Information Report (05-167) for other entities. (Updated 03/31/08)



Account and Report Form Information - Continued

7. What accounting period ending date is used for filing the 2008 initial franchise tax report?

The taxpayer must use the last accounting period end date for federal purposes that is at least 60 days before the original due date of the initial report. The original due date applies even to those entities for whom the Comptroller's office extended the initial report due date to May 1, 2008. (Updated 03/31/08)

8. What is franchise tax?

The Texas franchise tax is a privilege tax imposed on each taxable entity formed or organized in Texas or doing business in Texas. (Updated 03/31/08)

9. When can I file my franchise tax report electronically?

WebFile is available now for filing extensions, making extension payments and filing No Tax Due reports. The system will be expanded to allow electronic filing and payments for all franchise tax reports by May 1, 2008. (Updated 04/23/08)

10. What does it mean to make an "election" for cost of goods sold or compensation, or 70%, and how do I do this?

Taxable entities must elect whether to deduct cost of goods sold or compensation when determining taxable margin. If no election is made, the taxable entity's margin will be 70% of total revenue. Taxpayers filing the long form report will make the election simply by filing the report using one method or the other. No other action is required.

Taxpayers filing the No Tax Due report must make an election by checking the appropriate box on the form. The election is required even though taxpayers filing the No Tax Due report don't actually calculate tax due. The election protects taxpayers who might later have to amend their report, by ensuring they can take the deduction most advantageous to them.

The election for COGS or Compensation must be made by the latest of the due date, the extended due date or the date the report is filed.

Making an election does not apply to taxpayers filing the E-Z Computation, because the E-Z Computation Report is not based on taxable margin. Therefore, neither COGS nor compensation may be deducted when using the E-Z Computation Report. (Updated 04/29/08)

11. Where can taxpayers find their NAICS code?

The North American Industry Classification System (NAICS) code can be found at the <u>U.S. Census</u>
<u>Bureau's Web site</u>. (Updated 04/23/08)

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Electronic Reporting and Paying Technical Questions

1. What are the computer system requirements to use the smart.pdf and WebFile.pdf submit options?

The currently supported Adobe Acrobat / Adobe Reader versions for the smart.pdf and WebFile.pdf submit options are version 8.1.1 or higher.

You can download the most recent version of <u>Adobe Reader</u> for free. You will need this software to open, complete and print the forms in our new smart.pdf format.

See http://www.window.state.tx.us/taxinfo/franchise/faq_er.html#er1 for more information on system requirements.

2. Is the Comptroller's WebFile system secure?

The Comptroller's WebFile system has built-in protections to safeguard the confidentiality and security of taxpayer information. First-time users will be asked for specific information to confirm they are the taxpayer or an agent authorized to file returns for the account. (Updated 4/14/08)

3. What is my WebFile number and where do I find it?

Your WebFile number is issued by the Comptroller's office. You can find it in the upper right corner of the notification letter you received from our office in April 2008. The WebFile number begins with the letters XT and is followed by six numbers. If you cannot find your notification letter, you can contact the Comptroller's office and we can mail you a duplicate letter. We also can provide your WebFile number over the phone; you will need to provide the proper information to authenticate who you are, such as past gross receipts or last payment amounts before we can provide this confidential information. We can only provide 5 WebFile numbers at a time. Taxpayers who request more than 5 at a time should do so in writing via email at WebFileHelp@cpa.state.tx.us. You will only use your WebFile number once. When you use WebFile for the first time, you will then establish a password for future access to WebFile. (Updated 4/14/08)

4. Why is my WebFile account suspended?

If several attempts are made to log-in to your WebFile account with an invalid password, the system will suspend your account for security reasons. To resolve this issue, hit the Reset Password button. To reset, you will need to answer the security question established when the password was created. After entering the security information you will have the option to change the password and security question. If you are unable to complete this process, contact the Comptroller's Electronic Reporting Section at (800) 442-3453. You can also e-mail us at WebFileHelp@cpa.state.tx.us. (Updated 4/14/08)

5. What if I forgot my password?

Look for the "Forgot Password" button on the log-in screen after you have entered your taxpayer ID number. Click on this button to answer the security question you established when you first set up the account. After entering the security information you will have the option to reset your password. (Updated 4/14/08)

FAQ's

Electronic Reporting and Paying Technical Questions continued

6. Who must pay electronically?

Taxpayers who paid \$10,000 or more in a payment category during the preceding state fiscal year are required by law to electronically transmit payments to the Comptroller's office beginning May 1, 2008.

Taxpayers who pay \$100,000 or more must make their electronic payments via TEXNET.

Taxpayers who paid \$10,000 or more, but less than \$100,000, can make their electronic payments by credit card or WebEFT via WebFile when filing their report electronically. They can also pay electronically via the Internet or telephone if they enroll in TEXNET.

Taxpayers who do not comply with the electronic funds transfer (EFT) requirements can be assessed a 5 percent penalty on the payment amount. This penalty can apply to each filing period in which payment is not remitted electronically. (Updated 5/1/08)

7. What if I am mandated to pay electronically but I am unable to do so?

If you are unable to make an electronic payment (using TEXNET, WebEFT or credit card) you may request a temporary waiver by faxing the waiver to the Electronic Reporting Section at: (877) 882-8894 or by mail at P.O. Box 13528, Austin, TX 78711. (Updated 4/14/08)

8. Which credit cards do you accept?

Payment by credit card is offered for your convenience. You can pay with American Express, Discover or MasterCard unless you are required to make your payment using TEXNET. There is a non-refundable online convenience fee that will be included in the credit card transaction. (Updated 4/14/08)

9. Will the Comptroller's Office offer an interface to allow data to be uploaded to your system from third-party software providers?

We hope to have this available in 2009, but it is not available for 2008 reporting.

Forms

05-102 Public Information Report

05-158-A Franchise Tax Report Page 1

05-158-B Franchise Tax Report Page 2

05-160 Credits Summary Schedule

05-163 No Tax Due Information Report

05-164 Extension Request

05-165 Extension Affiliate List

05-166 Affiliate schedule

05-167 Ownership Information Report

05-169 EZ Computation Report

05-170 Payment Form

05-175 Tiered Partnership Report

Forms - Requirements

All franchise tax forms can be filed by any taxable entity, except for the following:

05-102

ONLY to be filed by Corporations and LLCs.

05-163

To be filed only by entities that have \$300,000 or less in Total Revenue, no Texas receipts, or by qualifying passive entities.

05-167

To be filed by partnerships, associations, trusts, other legal entities.

<u>05-175</u>

To be filed ONLY by entities that elect tiered partnership reporting. Both the lower and upper tier entities will file this form. DO NOT file this form if a lower tier entity is NOT passing revenue to an upper tier. DO NOT file this form if you own an interest in a partnership that is NOT passing revenue to you.

Tiered Partnerships

A "tiered partnership arrangement" means an ownership structure in which any of the interests in one taxable entity treated as a partnership or an S corporation for federal income tax purposes (a "lower tier entity") are owned by one or more other taxable entities (an "upper tier entity"). A tiered partnership arrangement may have two or more tiers.

Unless a lower tier entity is part of a combined group, the lower tier entity may elect to exclude from total revenue, the revenue reported to an upper tier entity. The lower tier entity must submit a report to the Comptroller showing the amount of total revenue that each upper tier entity should include with the upper tier entity's own taxable margin calculation, according to the ownership interest of the upper tier entity. If the upper tier entity is not subject to the franchise tax, then the election is void and the lower tier entity may not report revenue to the upper tier entity.

If the election is made, the no tax due, discounts and E-Z Computation provisions do not apply to an upper tier entity if, before the attribution of any total revenue by a lower tier entity to an upper tier entity, the lower tier entity does not meet the criteria of these provisions.

(Information from franchise tax instructions)

As stated on form, this is to be filed by Corporations and LLCs.

| TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT (To be filed by Corporations and Limited Liability Companies (LLCS)) Trode 13196 Toole 13196 | | | | | | | | | |
|--|--|--|-------------|--------------|------------|--|---------------------------------|-----------------|--|
| ■ Taxpayer number ■ | ■ Report year You have certain rights under Chapter 552 and 559, Government Code, | | | | | | | | |
| | to review, request, and correct information we have on file about you. Contactus at: (512) 463-4600, or (800) 252-1381, toll free nationwide. | | | | | | | | |
| Taxpayer name | | | | | | | | | |
| Mailing address | | | | | | | of State file : er file numb | I | |
| City State | | ZIPG | ode | Pi | us 4 | | | | |
| Blacken circle if there are currently no changes or addition | s to the informati | on displayed in S | ection A o | fthis | report. T | hen complete Se | tions B and | IC. | |
| Entity's principal office | | | | | | | | | |
| Principal place of business | | | | | | | | | |
| Please sign below/ Officer, director and member information report. There is no requirement or profficers, directors, or members change | n is updated annu ocedure for suppl | ally as part of the lementing the inf | franchise | tax | n | | 000000 | 000008 | |
| SECTION A Name, title and mailing address of each officer, Name | director or memi | ber. | | Die | ector | l m | m d | 4 v v | |
| | The state of the s | | | \bigcirc | YES | Term | <i>a</i> _ | a y y | |
| Mailing address | City | | | ~ | | expiration State | ZPcc | ode | |
| Name | Title | | | Din | ector | m | m d | d y y | |
| | | | | O | YES | Term expiration | | | |
| Mailing address | City | | | _ | | State | ZPcc | ode | |
| Name | Title | | | Din | ector | m | m d | a y y | |
| | | | | 0 | YES | Term expiration | | | |
| Mailing address | City | | | | | State | ZPcc | ode | |
| Name | Title | | | Din | ector | | m m d d y | | |
| | | | | Q | YES | Term expiration | | | |
| Mailing address | City | | | | | State | ZPcc | ode | |
| SECTION B Enter the information required for each corpora ten percent (10%) or more. | | | | | | | | | |
| Name of owned (subsidiary) corporation or limited liability comp | | State of formatic | | _ | | file number, if an | | ge of Ownership | |
| Name of owned (subsidiary) corporation or limited liability comp | oany | State of formatic | 'n | | exas SOS | file number, if an | y Percenta | ge of Ownership | |
| SECTION C Enter the information required for each corpora entity or limited liability company. | ation or LLC, if an | y, that owns an i | interest or | ften | percent (| (10%) or more in | this report | ing | |
| Name of owned (parent) corporation or limited liability company | , | State of formatic | 'n | Ī | exas SOS | file number, if an | y Percenta | ge of Ownership | |
| Registered agent and registered office currently on file. (See inst Agent: | ructions if you need | d to make change | i) | ō | | circle if you need stered agent or re | | | |
| Office: | | City | | | | State | ZI | PCode | |
| The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available for | each corporation or public inspection. | Imited liability com | pany that f | lles a | Texas Fran | chise Tax Report. Us | additional s | heets | |
| I declare that the information in this document and any attachments is to mailed to each person named in this report who is an officer, director or n | ue and correct to the | | | | | | | | |
| sign here | Title | • | P | ate | | Area (| code and p | hone number | |
| | exas Comptre | oller Official | Use Onl | у | | | | | |
| | | | | | | VE/DE | | PIRIND O | |

05-158-A

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|--|-----|---------------|--|----------|------------|--------------|-------|---------------|-------------------|--|------------------------|--------------|----|
| axpayer name | | | | | | | | | | | of State fil | | |
| ailing address | | | | | | | | | or | Comptro | oller file r | numbe | er |
| State | | Country | | | ZPCo | de | Plus4 | 1 | | | cle if the s change | | • |
| acken circle if this is a combined report Blacken circle if To | | | ted for 15. I | •0 | | | | | | | | | |
| lacken circle if this is a Corporation or Limited Liability Company | 0 8 | llacken di | rcle if this | is an B | ntityothe | r than a | Corpo | ration o | rLimi | ted Liab | ility Com | npany | Q |
| m m d d y y | _ | <u> </u> | a a | y | <u>,</u> _ | SI | Ccode | $\overline{}$ | _ | N/ | AICS cod | de | _ |
| ccounting year Accounting end date | - L | | \perp | | ┚╸ | | | ∟. | L | | \perp | \perp | |
| EVENUE (Wholedollars only) | | | $\overline{}$ | _ | | | | $\overline{}$ | _ | $\overline{}$ | 一 | _ | Τ. |
| . Gross receipts or sales | | 1. | ⊭ | + | <u> </u> | \vdash | + | + | 누 | ₩ | + | 0 | 0 |
| . Dividends | | 2. | \vdash | + | <u> </u> | <u> </u> | + | _ | Ļ | \vdash | | 10 | 0 |
| . Interest | | 3. | <u> </u> | <u> </u> | <u> </u> | \perp | _ | <u> </u> | Ļ | Щ | + | 0 | 0 |
| . Rents | | 4. | <u> </u> | <u> </u> | | <u> </u> | | | L | <u>, </u> | <u></u> | 0 | 0 |
| . Royalties | | 5. | L. | | | | | | | <u>, </u> | | 0 | 0 |
| . Gains/losses | | 6. | | | , | | , | | | Į. | | 0 | 0 |
| . Other income | | 7. | | | , | | , | | | \prod | \Box | 0 | 0 |
| . Total gross revenue (Additems 1 thru 7) | 8. | | \Box | | , | | Ţ, | | Τ | П | \top | 0 | 0 |
| . Deductions from gross revenue | 9. | \top | T, | T | | | Ţ, | | $\overline{\Box}$ | 亓 | $\overline{\top}$ | 0 | 0 |
| (Item 8 minus Item 9) O. TOTAL REVENUE (If less than zero, enter 0) | 10. | Ť | | Ť | | T | Ħ | Ť | T | Ħ | 十 | 0 | 0 |
| OST OF GOODS SOLD (Whole dollars only) | | | | <u> </u> | | - | | + | _ | _ | - | - | _ |
| 1. Cost of goods sold | 11. | | <u> </u> | <u> </u> | <u> </u> | <u></u> | | | L | Ш | <u> </u> | 0 | 0 |
| 2. Indirect or administrative overhead costs (Limited to 4%) | 12. | | <u>L</u> | \perp | | | | | | <u>, </u> | | 0 | 0 |
| 3. Other (See instructions) | 13. | | L | | | | | | | , | | 0 | 0 |
| 4. TOTAL COST OF GOODS SOLD (Add items 11 thru 13) | 14. | | | | , | | | | | | | 0 | 0 |
| OMPENSATION (Whole dollars only) | Г | $\overline{}$ | | Т | | | | \top | Т | $\overline{\Box}$ | $\overline{}$ | _ | _ |
| 5. Wages and cash compensation | 15. | + | | ┿ | <u> </u> | \vdash | + | + | 十 | 井 | + | 0 | 0 |
| 6. Employee benefits | 16. | | | + | <u> </u> | + | + | + | 十 | +- | + | +- | 0 |
| 7. Other (See instructions) | 17. | _ | | + | <u> </u> | \vdash | 4 | + | Ļ | 井 | + | 0 | 0 |
| | 18. | | | | | | | | | 1 | \perp | 0 | 0 |

05-158-B

| TEXAS FRANCHISE TAX REPORT - Page 2 Tayaquer number | | | |
|--|--|--|-----------------------------|
| MARGIN (Whole dollars only) 19. Revenue (Rem 10 X 70%) 20. Revenue (Rem 10 minus hem 14COGS) 20. Revenue (Rem 10 minus hem 14COGS) 21. Revenue (Rem 10 minus hem 18 Compensation) 21. Revenue (Rem 10 minus hem 18 Compensation) 21. Revenue (Rem 10 minus hem 18 Compensation) 22. MARGIN (Enter the lowest amount from hems 19, 20 or 21) 22. Revenue (Rem 10 minus hem 18 Compensation) 23. Revenue (Rem 10 minus hem 18 Compensation) 24. Revenue (Rem 10 minus hem 18 Compensation) 25. MARGIN (Enter the lowest amount from hems 19, 20 or 21) 26. Revenue (Rem 10 minus hem 18 Compensation) 27. Revenue (Rem 10 minus hem 18 Compensation) 28. APPORTIONMENT FACTOR 29. Revenue (Rem 10 minus hem 18 Compensation) 20. Revenue (Rem 10 minus hem 18 Compensation) 21. Revenue (Rem 10 minus hem 18 Compensation) 22. Revenue (Rem 10 minus hem 18 Compensation) 23. Revenue (Rem 10 minus hem 18 Compensation) 24. Revenue (Rem 10 minus hem 18 Compensation) 25. Revenue (Rem 10 minus hem 18 Compensation) 26. Revenue (Rem 10 minus hem 18 Compensation) 27. Allowable deductions 27. Revenue (Rem 20 minus hem 21) 28. Revenue (Rem 20 minus hem 21) 29. Revenue (Rem 20 minus hem 21) 29. Revenue (Rem 20 minus hem 21) 20. Revenue (Rem 20 minus hem 21) 20. Revenue (Rem 20 minus hem 21) 21. Revenue (Rem 20 minus hem 21) 22. Revenue (Rem 20 minus hem 21) 23. Revenue (Rem 20 minus hem 21) 24. Revenue (Rem 20 minus hem 21) 25. Revenue (Rem 20 minus hem 21) 26. Revenue (Rem 20 minus hem 21) 27. Revenue (Rem 20 minus hem 21) 28. Revenue (Rem 20 minus hem 21) 29. Revenue (Rem 20 minus hem 21) 29. Revenue (Rem 20 minus hem 21) 20. Revenue (Rem 20 minus hem 21) 20. Revenue (Rem 20 minus hem 21) 20. Revenue (Rem 20 minus hem 21) 21. Revenue (Rem 20 minus hem 21) 22. Revenue (Rem 20 minus hem 21) 23. Revenue (Rem 20 minus hem 21) 24. Revenue (Rem 20 minus hem 21) 25. Revenue (Rem 20 minus hem 21) 26. Revenue (Rem 20 minus hem 21) 27. Revenue (Rem 20 minus hem 21) 28. Revenue (Rem 20 minus hem 21) 29. Revenue (Rem 20 minu | ENAX PROME (Rev. 1-08/2) | RANCHISE TAX REPORT - Pag | e 2 |
| 19. Revenue (them 10 X70%) 19. December (them 10 minus hem 14COGS) 20. December (them 10 minus hem 14COGS) 21. Revenue (them 10 minus hem 16 Compensation) 21. December (them 10 minus hem 16 Compensation) 21. December (them 10 minus hem 18 Compensation) 22. MARGIN (these the lowest amount from hems 19, 20 or 21) 22. December (them 10 minus hem 18 Compensation) 23. December (them 10 minus hem 18 Compensation) 24. December (them 10 minus hem 19, 20 or 21) 25. December (them 20 minus hem 19, 20 or 21) 26. ApportionMENT FACTOR 27. Allowable deductions 28. TAXABLE MARGIN (them 26 minus hem 27) 28. December (them 20 minus hem 27) 29. December (them 20 minus hem 27) 20. December (them 20 minus hem 28) (DoCas and cents) 30. Tax due (the highly hem 28 by the bax rate in hem 29) (DoCas and cents) 31. Tax credits (them 28 com Form 05-160) 32. Tax due before discount (them 20 minus hem 21) 33. Discount (See instructions) 34. Total TAX DUE (Collers and cents) 35. Discount (See instructions) 36. Tax due (the 10 minus hem 20) 37. December (them 20 minus hem 21) 38. Discount (See instructions) 39. December (them 20 minus hem 21) 30. Tax due (the 10 minus hem 20) 31. Tax credits (them 22 fem Form 05-160) 32. Tax due before discount (them 20 minus hem 21) 33. Discount (See instructions) 34. December (them 20 minus hem 21) 35. Discount (See instructions) 36. December (them 20 minus hem 21) 37. December (them 20 minus hem 21) 38. Discount (See instructions) 39. December (them 20 minus hem 21) 39. December (them 20 minus hem 21) 40. December (them 20 minus hem 21) 41. Tax due he fore discount (them 20 minus hem 21) 42. December (them 20 minus hem 21) 43. Tax due he fore discount (them 20 minus hem 21) 44. Total TAX DUE (Collers and cents) 45. December (them 20 minus hem 21) 46. December (them 20 minus hem 21) 47. December (them 20 minus hem 21) 48. December (them 20 minus hem 21) 49. December (them 20 minus hem 21) 40. December (them 20 minus hem 21) 40. December (them 20 minus hem 21) 40. December (them 20 minus hem 21) 41. Decembe | | | axpayer name |
| 20. Revenue (item 10 minus kem 14 COGS) 20. 21. Revenue (item 10 minus kem 16 Compensation) 21. Revenue (item 10 minus kem 16 Compensation) 21. Revenue (item 10 minus kem 16 Compensation) 22. MARGIN (item the kowest amount from kems 19, 20 or 21) 22. MAPORTIONMENT FACTOR 23. Gross receipts in Texas (Whole dollars only) 24. Gross receipts everywhere (Whole dollars only) 25. APPORTIONMENT FACTOR (item 22 by Item 24) (item 24 decimal places) 26. Apportioned margin (Multiply kem 22 by Item 24) (item 24 decimal places) 27. Allowable deductions 27. Decimal for instructions (Item 24 minus kem 27) 28. TAXABLE MARGIN (Item 26 minus kem 27) 29. Tax rate (See instructions for determining the appropriate tax rate) 30. Tax due (Ithalipy) kem 28 by the tax rate in Item 29) (Itoliars and cants) 31. Tax credits (Item 23 from Form 05-160) 32. Tax due before discount (Item 30 minus kem 31) 33. Discount (See instructions) 34. TOTAL TAX DUE (Item 22 minus kem 33) (Item 23 from Form 05-160) 31. Minus kem 34 is \$1,000 or more, you must complete Form 05-170. Finitor type name Are so de and phone number (Item 30 minus kem 33) (Item 24 minus kem 34 is \$1,000 or more, you must complete Form 05-170. Mail original to: COMPTROLLER (FUBLIC ACCOUNTS F.O. Box 18348) (Item 14 minus kem 14 minus kem 150) (Item 151) (It | MARGIN (Whole dollars only) | | |
| 21. Revenue (them 10 minus term 10 Compensation) 22. MARGIN (Enter the lowest amount from terms 19, 20 or 21) 23. Gross receipts in Texas (Whole dollars only) 24. Gross receipts in Texas (Whole dollars only) 25. APPORTIONMENT FACTOR (Divide term 23 by them 24) (Bound to 4 decimal places) 26. Dollars ARGIN (Whole dollars only) 27. Dollars ARGIN (Whole dollars only) 28. TAXABLE MARGIN (Whole dollars only) 29. Tax rate (See instructions for determining the appropriate tear rate) 30. Tax due (Multiply term 26 by the tax rate in Item 29) (Dollars and cents) 31. Tax credits (Item 23 from Form 05-160) 31. Tax credits (Item 23 from Form 05-160) 32. Tax due before discount (New 30 minus Item 31) 33. Discount (See instructions) 34. ToTAL TAX DUE (Dollars and cents) 35. Tax due before discount (New 30 minus Item 31) 36. ToTAL TAX DUE (Dollars and cents) 37. Discount (See instructions) 38. Discount (See instructions) 39. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 30. Tax due before discount (New 30 minus Item 31) 31. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 32. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 39. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 30. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 31. Discount (See instructions) TOTAL TAX DUE (Dollars and cents) 31. Discount (See instructions) Total Tax Due (Dollars and cents) 31. Discount (See instructions) Total Tax Due (See inst | 19. Revenue (Item 10 X 70%) | 19. | |
| 22. MARGIN (Enter the lowest amount from Items 19, 20 or 21) 23. MAPORTIONMENT FACTOR 23. Gross receipts in Texas (Whole dollars only) 24. Gross receipts in Texas (Whole dollars only) 25. APPORTIONMENT FACTOR (Chiede Items 23 by Items 24) (Round to 4 decimal places) 26. Apportioned margin (Multiply Items 22 by Items 25) (Round to 4 decimal places) 27. Allowable deductions 27. Decimal standard (Margin Items 25) (Round Items 27) 28. Decimal standard (Margin Items 25) (Round Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 26) (Round Items 27) 29. Decimal standard (Margin Items 27) 20. Decimal standard (Margin Items 27) 20. Decimal standard (Margin Items 27) 21. Decimal standard (Margin Items 27) 22. Decimal standard (Margin Items 27) 23. Decimal standard (Margin Items 27) 24. Decimal standard (Margin Items 27) 25. Decimal standard (Margin Items 27) 26. Decimal standard (Margin Items 27) 27. Decimal standard (Margin Items 27) 28. Decimal standard (Margin Items 27) 29. Decimal standard (Margin It | 20. Revenue (Item 10 minus Item 14 COGS) | 20. | |
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| 24. Gross receipts everywhere (Whole dollars only) 25. APPORTIONMENT FACTOR (Divide Item 23 by Item 24) (Round to 4 decimal places) 25. TAXABLE MARGIN (Whole dollars only) 26. Apportioned margin (Multiply Item 22 by Item 25) 27. Allowable deductions 27. Dollars and contain the appropriate tex rate) 28. TAXABLE MARGIN (Item 26 minus Item 27) 28. Dollars and contain the appropriate tex rate) 30. Tax rate (See instructions for determining the appropriate tex rate) 30. Tax due (Multiply Item 28 by the tex rate in Item 29) (Dollars and conts) 31. Tax credits (Item 23 from Form 05-160) 32. Tax due before discount (Item 30 minus Item 31) 33. Discount (See instructions) 34. TOTAL TAX DUE (Dollars and conts) 35. Discount (See instructions) 36. Tax due before discount (Item 30 minus Item 31) 37. Discount (See instructions) 38. Discount (See instructions) 39. Discount (See instructions) 30. Discount (See instructions) 31. Discount (See instructions) 32. Discount (See instructions) 33. Discount (See instructions) 34. Total TAX DUE (Dollars and conts) 35. Discount (See instructions) 36. Discount (See instructions) 37. Discount (See instructions) 38. Discount (See instructions) 39. Discount (See instructions) 30. Discount (See instructions) 31. Discount (See instructions) 32. Discount (See instructions) 33. Discount (See instructions) 34. Total TAX DUE (Dollars and conts) 35. Discount (See instructions) 36. Discount (See instructions) 37. Discount (See instructions) 38. Discount (See instructions) 39. Discount (See instructions) 30. Discount (See instructions) 31. Discount (See instructions) 32. Discount (See instructions) 33. Discount (See instructions) 34. Discount (See instructions) 35. Discount (See instructions) 36. Discount (See instructions) 37. Discount (See instructions) 38. Discount (See instructions) 39. Discount (See instructions) 30. Discount (See instructions) 31. Discount (See instructions) 32. Discount (See instructions) 33. Discount (See instructions) 34. | APPORTIONMENT FACTOR | | |
| 25. APPORTIONMENT FACTOR (Divide Item 28 by Item 24) (Round to 4 decimal places) 25. APPORTIONMENT FACTOR (Divide Item 28 by Item 24) (Round to 4 decimal places) 26. Apportioned margin (Multiply) Item 29 by Item 29) 27. Allowable deductions 27. Allowable deductions 28. TAXABLE MARGIN (Item 26 minus Item 27) 28. AND ITEM 29. AND ITEM 28 by Item 28 by Item 29 (Dollars and conts) 30. Tax due (Multiply Item 28 by Item 28 by Item 29) (Dollars and conts) 31. Tax credits (Item 29 from Form 05-160) 32. Tax due before discount (Item 20 minus Item 31) 33. Discount (See instructions) 34. TOTAL TAX DUE (Item 32 minus Item 33) (Item 20 minus Item 33) (Item 20 minus Item 33) (Item 32 minus Item 34) 34. And Item 34 is \$1,000 or more, you must complete Form 05-170. Printor type rame Area code and phone number (Color) Area code and phone number (Color) Mail original to: COMPTROLLER OF VIBIUA ACCOUNTS PLOS NOW 149948 Austin, TX 78714-9348 If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free rationwide. The Austin number is (512) 463-4600. | 23. Gross receipts in Texas (Whole dollars only) | 23. | , , , , , , , , , , , , , , |
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| 34. TOTAL TAX DUE (Item 32 minus Item 33) If the amount in Item 34 is \$1,000 or more, you must complete Form 05-170. Printor type name I declare that the Information in this document and any attachments is true and correct to the best of my knowledge and beller. Sign Date Date Pro. Box 149348 Austin, TX 78714-9348 If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. | 33. Discount (See instructions) | 33. | |
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| If the amount in Item 34 is \$1,000 or more, you must complete Form 05-170. Printor type name I declare that the Information in this document and any attachments is true and correct to the best of my knowledge and beller. Sign Pate Date Date Date If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. The Austin number is (512) 463-4600. | 34. TOTAL TAX DUE (Item 32 minus Item 33) (Do not include payment if this amount is less than \$1,000) | 34 , , | |
| I declare that the Information in this document and any attachments is true and correct to the best of my knowledge and beller. Sign Date Date COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348 If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. The Austin number is (512) 463-4600. | | s \$1,000 or more, you must comple | te Form 05-170. |
| Sign Date Date P.O. Box 149348 If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. The Austin number is (512) 463-4600. | Print or type name | | |
| Sign here Date P.O. Box 149348 | I declare that the information in this document and any attachments is true a | nd correct to the best of my knowledge and belief. | |
| The Austin number is (512) 463-4600. | | Date | |
| | , , , , , , , , , , , , , , , , , , , | he Austin number is (512) 463-4600. | • |

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| | PM Date | T |
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Page 2 of 2

TEXAS FRANCHISE TAX CREDITS SUMMARY SCHEDULE (Rev. 1-08/2) ■Tcode 13254 Annual ■ Report year Taxpayer name 0 0 8 PART A - INVESTMENT CREDIT (Dollars and cents) 1. Investment credit installment from prior years Investment credit carried forward from prior years Subtotal (Add I tem 1 plus I tem 2) Tax due before credits (Item 30 of the tax report, Form 05-158-8) Investment credit limit (hem 4 x 50% (0.50)) 6. INVESTMENT CREDIT AVAILABLE (Enter the lower of Item 3 or Item 5) 6. PART B - JOBS CREATION CREDIT (Dollars and cents) 7. Jobs creation credit carried forward from prior years Tax due before credits (Item 30 of tax report, Form 05-158-8) 8. Jobs creation credit limit (tem 8 x 50% (0.50)) 10. JOBS CREATION CREDIT AVAILABLE 10. PART C - RESEARCH AND DEVELOPMENT CREDIT (Dollars and cents) 11. Research credit carried forward from prior years 12. Tax due before credits (Item 30 of the tax report, Form 05-158-8) 13. Research credit limit (Item 12 x 50% (0.50)) 13. 14. RESEARCH CREDIT AVAILABLE (Enter the lower of Item 11 or Item 13) 14. PART D - TEMPORARY CREDITS (Dollars and cents) (See instructions) 15. Temporary Credit for Business Loss Carryforwards 15. 16. 16. 1992 Temporary credit 17. 1992 Additional tax due 17. 18. TOTAL TEMPORARY CREDITS (Item 15 plus Item 16 minus Item 17) 18. _ PART E - CREDITS CLAIMED (Dollars and cents) 19. Investment credit claimed (Cannot be greater than Item 6) 19. _ 20. Jobs creation credit claimed (Cannot be greater than Item 10) 20. 21. 21. Research credit claimed (Cannot be greater than Item 14) 22. 22. Other (See instructions)

23.

 TOTAL CREDITS CLAIMED (Add Items 18, 19, 20, 21 and 22) (Enter this amount on Item 31 of the tax report, Form 05-158-B)

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| Completelier 05-163 Completelier 05-163 Completelier (1-08) Todde 13255 Annual | | RANCHISE TAX NFORMATION REP | PORT | | | | | |
|---|----------------------------------|--------------------------------|----------------------------------|--|--|--|--|--|
| ■ Taxpayer number | ■ Report year | Due date | Privilege period | covered by this report | | | | |
| | 2 0 0 8 | 05/15/2008 | 01/01/2008 | — 12/31/2008 | | | | |
| Taxpayer name | | | | Secretary of State file number | | | | |
| Mailing address | | | | or Comptroller file number | | | | |
| City Sta | ite C | ountry | ZIP Code Plus 4 | Blacken circle if the address has changed | | | | |
| ■ Election 1. COST OF GOODS (Must blacken only one circle) | SOLD 2. COMPENSATIO | N 3. 70% OF REVENUE | SIC code | NAICS code | | | | |
| Blacken circle if Total Revenue is adjusted for Tiered I | Partnership Election, see 171 | 1.1015. | | | | | | |
| Blacken circle if this is a Corporation or Limited Liabil | ityCompany 🔘 Bk | | y other than a Corporation or | Limited Liability Company | | | | |
| If you select any of the questions below, you qualify to use this No Tax Due Information Report: (Blacken all circles that apply) 1. Is this a passive entity as defined in Chapter 171 of the Texas Tax Code? See instructions) 1. ■ | | | | | | | | |
| 2. Does the entity have \$300,000 or le | ss in Total Revenue? | (See instructions) | | 2. 🔾 | | | | |
| 3. Does the entity have zero Texas Gro | ss Receipts? | | | з. 🔾 | | | | |
| 4. Did you use the 2008 Temporary Cr | edit for Business Loss | s Carryforwards? | | 4.∎○ | | | | |
| 5a. Accounting year begin date 5a. | d d y y | 5b. Accounting end date | year 5b. | d d y y | | | | |
| 6. TOTAL REVENUE (Whole dollars only) | 6. 🛮 | | | 0 0 | | | | |
| This form | may not be used if e | lecting the E-Z Comp | utation method. | | | | | |
| Print or type name | | | Area code and phor | ne number | | | | |
| I declare that the information in this document and any att. | chments is true and correct to t | he best of my knowledge and b | | ail original to: .ER OF PUBLIC ACCOUNTS | | | | |
| sign here | De | ate | P. | O. Box 149348 in, TX 78714-9348 | | | | |
| How have not questions recording franchise two | | State Comptedited: Sald off | ion in views non or call (900) 2 | 52.1291 tellfore extinguida | | | | |

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide
The Austin number is (512) 463-4600.
For instructions on completing the franchise tax report forms, see Form 05-392.

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| | PM Date | | | | | |
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| | | | | | | |

TEXAS FRANCHISE TAX **EXTENSION REQUEST** (Rev. 1-08/2) ■ Tcode 13258 Annual Due date ■ Report year 2 0 0 05/15/2008 8 Secretary of State file number or Comptroller file number Taxpayer name Mailing address ountry Blacken circle if the •O address has changed Blacken circle if this is a combined report 1. Blacken this circle if you will be using your 2008 Temporary Credit for Business Loss Carryforward for the report year for which you are requesting this extension (See instructions) 1.∎○ 2. Blacken this circle if you will begin using your 1992 Temporary Credit for the report year 2. ∎○ for which you are requesting this extension (See instructions) 3. Extension payment (Dollars and cents) If this extension is for a combined group, you must also complete and submit Form 05-165. Area code and phone number Printor type name Mail original to: I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348 sign here

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. The Austin number is (512) 463-4600.

For instructions on completing the franchise tax report forms, see Form 05-392.

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| | PM Date | | T |
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TEXAS FRANCHISE TAX Companie 05-165 EXA Companie (1-08) **EXTENSION AFFILIATE LIST** ■ Tcode 13298 ■ Reporting entity taxpayer number Reporting entity taxpayer name BLACKEN CIRCLE IF AFFILIATE DOES NOT HAVE NEXUS IN TEXAS AFFILIATE'S TEXAS TAXPAYER NUMBER LEGAL NAME OF AFFILIATE 1. •Q 2. •0 3. •0 4. O 5. ■○ 6. O 7. •0 8. •0 9. •0 10. 11. •0 12. O 13. O 14. O 15. O 16. •0 17. •0 18. •0 19. •0 20. •0 21. •O Note: To file an extension request for a reporting entity and its affiliates, Form 05-164 (Texas Franchise Tax Extension Request) must be submitted with this affiliate list. The filing of this list by itself does not constitute a properly filed Extension Request. Texas Comptroller Official Use Only

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| Companier 05-166 CHARCE (1-08) POWN 1 Toode 13253 | AFF | | ANCHISE TAX E SCHEDULE | | | | | | | | |
|---|---|-----------|--|--|--|--|--|--|--|--|--|
| ■ Reporting entity taxpayer number | ■ Report year | 8 0 | Reporting entity taxpayer name | | | | | | | | |
| | | | | | | | | | | | |
| Reporting entity must be included on Affiliate Schedule. | | | | | | | | | | | |
| 1. Legal name of affiliate | | 2. Affili | ate taxpayer number (if none, use FEI number) | | | | | | | | |
| 4. Blacken direct if this is a disregarded entity | ■ 5. Blacken circle if this affiliate do NOT have NEXUS in Texas | es | ■ 6. Affiliate reporting begin date ■ 7. Affiliate reporting end date | | | | | | | | |
| | Q | | | | | | | | | | |
| ■ 8. Gross receipts subject to throwbs | | | 9. Gross receipts everywhere (balana aliminations) | | | | | | | | |
| | <u> </u> | 0 | | | | | | | | | |
| ■ 10. Gross receipts in Texas (before a | iliminations) | 0 | ■ 11. Cost of goods sold or compensation (before eliminations) | | | | | | | | |
| | | | | | | | | | | | |
| Blacken circle if this is a Corporation or | Limited Liability Company | Blacks | en dircle if this is an Entity other than a Corporation or Limited Liability Company | | | | | | | | |
| 1. Legal name of affiliate | | 2. Affili | ate taxpayer number (if none, use FEI number) 3. Affiliate NAICS code | | | | | | | | |
| 4. Blacken drole if this is a disregarded entity | ■ 5. Blacken circle if this affiliate do NOT have NEXUS in Texas | es | ■ 6. Affiliate reporting begin date ■ 7. Affiliate reporting end date | | | | | | | | |
| | | | | | | | | | | | |
| ■ 8. Gross receipts subject to throwba | ack in other states (before elimination | ns) | 9. Gross receipts everywhere (before aliminations) | | | | | | | | |
| |]]]] 0 | | | | | | | | | | |
| ■ 10. Gross receipts in Texas (before a | diminations) | | ■ 11. Cost of goods sold or compensation (before aliminations) | | | | | | | | |
| | <u>, </u> | 0 | | | | | | | | | |
| Blacken circle if this is a Corporation or | Limited Liability Company | Blacks | en circle if this is an Entity other than a Corporation or Limited Liability Company | | | | | | | | |
| | | | | | | | | | | | |
| 1. Legal name of affiliate | | 2. Affili | ate taxpayer number (if none, use FEI number) 3. Affiliate NAICS code | | | | | | | | |
| | | | | | | | | | | | |
| 4. Blacken direct if this is a disregarded entity | ■ 5. Blacken circle if this affiliate do NOT have NEXUS in Texas | es | ■ 6. Affiliate reporting begin date ■ 7. Affiliate reporting end date | | | | | | | | |
| O | O | | | | | | | | | | |
| 8. Gross receipts subject to throwbs | | | 9. Gross receipts everywhere (balora aliminations) | | | | | | | | |
| | <u> </u> | 0 | | | | | | | | | |
| ■ 10. Gross receipts in Texas (before a | | | ■ 11. Cost of goods sold or compensation (before aliminations) | | | | | | | | |
| | <u>, </u> | 0 | | | | | | | | | |
| Blacken circle if this is a Corporation or | Limited Liability Company | Blacks | en circle if this is an Entity other than a Corporation or Limited Liability Company | | | | | | | | |
| An information report | (Form 05-102) or (Form 05-167 |) must b | pe filed for each affiliate included with this franchise tax report. | | | | | | | | |
| | Texas Co | mptrol | ler Official Use Only | | | | | | | | |
| | | | | | | | | | | | |

As stated on form, this is to be filed by all other taxable entities.

| TAE Comptroller | 05-167 | | | | | | | 0 | wı | ME | | | | | ORMAT | | | от | | | | | | |
|----------------------|----------------------------|------------|---------|--------|-------|--------|---------|-------|------------|-------|--------|-----------------|---------|------|----------------------|-----------|------------|--------------|----------|-----------|------------------------|---------|------------------------------|--------|
| Accounts FORM | (1-08) ■ Tcode | 1319 | 7 | | | (To | bet | | | | | | | | rporations or | | | | 25) | | | | | |
| | | | | | | | | | | | | | | | satisfy franc | | | | | | | | | |
| ■ Taxpayer num | ber | | _ | | | _ | _ | _ | <u>=</u> ! | Rep | orty | year | | _ | | | | | | | | | , Governmer | |
| | | \perp | \perp | | | | \perp | | L | | | L | \perp | | | | | | | | | | n file about free nations | |
| Taxpayer name | | | | | | | | | | | | | | | | | | | | | ary of S troller fi | | le number o nber | r |
| Mailing address | + | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | Sta | rte | | | | | Count | ry | | | ZIP Co | de | | Plus 4 | |
| SECTION A. E | nter the info | ormatic | yn re | iups | red 1 | orea | ach | gen | eral | l pa | rtne | eran | id ead | ch | person or er | ntity th | at owns | an Intere | st of te | n perce | ent (109 | 6) OF I | more in this | entity |
| Name | | | | | | | | | | | | | | | of owner? ly one) | | | EMBER | LIN | ATTED P | ARTNER) | ₹ GE | NERAL PAR | TNER |
| Mailing address | + | | | | | | | | | | | | | | | | FEI nur | mber | | | Percer | tage | of ownershi | P % |
| City | | | | | | | | | | | | Sta | te | | | | ZIP Coo | de | | | Plus 4 | | | |
| Name | | | | | | | | | | | | Wh | at typ | pe (| of owner? ly one) | | М | EMBER | LIN | NTED P | ARTNE | R GE | NERAL PAR | TNER |
| Mailing address | | | | | | | | | | | | _p on | JERCH I | | ny one, | | FEI nur | nber | | _ | Percer | kage | of ownershi | 96 |
| City | | | | | | | | | | | | Sta | te | | | | ZIPCoo | de | | | Plus 4 | | | |
| Name | | | | | | | | | | | | | | | of owner? ly one) | | М | EMBER | LIN | ATED P | ARTNE | ≀ G | NERAL PAR | TNER |
| Mailing address | | | | _ | | | | | | | | No. | SCKC11 | 101 | ny one) | | FEI nur | nber | | | Percer | tage | of ownershi | P % |
| City | | | | | | | | | | | | Sta | te | | | | ZIPCoo | de | | | Plus 4 | | | |
| Name | | | | _ | | | | | | | | Wh | at typ | pe (| of owner? ly one) | | М | EMBER | LIN | NTED P | ARTNE | ≀ G | NERAL PAR | TNER |
| Mailing address | + | | | _ | | | | | | | | No. | DENCI1 | | ny one, | | FEI nur | nber | | | Percer | tage | of ownershi | P % |
| City | | | | | | | | | | | | Sta | te | | | | ZIP Cox | de | | | Plus 4 | | | |
| SECTION B. E | | | | | | orea | ach | ent | ity, i | if ar | ıy, ir | wt | nich ti | his | partnership | , assoc | lation, t | rust or ot | her ent | ity own | s an In | terest | : | |
| or Name of owned | ften percer (subsidiary | | | | | ty | | | | | | | | S | tate of forma | tion | | FEI numb | er | | - | ercen | tage of Own | ership |
| Name of owned | (subsidiary |) corpor | atio | n or | enti | ty | | | | | | | | S | tate of forma | tion | | FEI numb | er | | - | ercen | tage of Own | ership |
| Registered agen | it and regist | ered of | fice | oune | ently | onfi | ile. | (See | inst | ruct | ions | έγκ | ou nee | nd t | o make chan | qes) | | | | | | | | |
| Agent: | | | | | | | | | | | | _ | D=1. | | | | | <u> </u> | | | | | 15. | |
| Office: | | | | | | | | | | | | | City | | | | | Stat | æ | ľ | P Code | : | Plus 4 | |
| The | e above ir | forma | itio | | | | | | | | | | | |)(2), Section | | | | | 02(a)(4 | 1) for e | ach | entity. | |
| I declare that the I | nformation in | this doc | ume | ant an | nd an | y atta | chm | wints | Istn | ue a | nd co | orrec | t to th | e b | est of my know | dedge at | nd bellef, | as of the da | | v, and th | at a copy | ofthb | report has be | en |
| | rson named i | n thas rep | ort | MTO I | sam | embe | aror | parti | ner a | ina i | Mioi | is no | Titl | _ | employed by | this, or: | Date | | | - 1 | rea coo | e and | phone num | ber |
| sign here | | | | | | | | | | | | | | | | | | | | | | | | |

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| Companie 05-169 TEXAS FRANCHISE TAX Companie (1-08) E - Z COMPUTATION REPORT | RT | | | | | | | | |
|---|----------------|--|---|-----------------|----------|-------------------------|------------------------|-----|--|
| ■ Tcode 13252 Annual ■ Taxpayer number ■ Report year Due date | | Pri | ileae pe | eriod co | wered b | y this re | port | | |
| 2 0 0 8 05/15/2008 | | | /2008 | | | | 1/2008 | В | |
| Taxpayer name | | | | | | | e file nur ile numb | | |
| Mailing address | | | | T | or com | ocioaci ii | iic Hollic | " | |
| City State Country Blacken circle if this is a combined report Blacken circle if Total Revenue is adjusted for Tiered Partnership Bection, see 171.1015. | ZIP Cod | e | Plus 4 | - 1 | | circle if t has char | | • | |
| ■ ✓ Tiered Partnership Bection, see 171.1015. ■ ✓ Blacken circle if this is a Corporation or Limited Liability Company | tity other t | han a Co | orporatio | on or Li | imited L | iability C | ompany | ਰੀ | |
| mmddyy mmddy | , y | SIC o | | | | NAICS | . , | | |
| Accounting year begin date Accounting year end date | | | |].[| | | | | |
| REVENUE (Whole dollars only, Items 1-12) | | | | | | | | | |
| 1. Gross receipts or sales | 1. | \perp | + | $\vdash \vdash$ | + | ++ | 0 | 0 | |
| 2. Dividends | 2. ∎ | | + | \vdash | + | ++ | 0 | 0 | |
| 3. Interest | 3. ∎ | | + | \vdash | + | ++ | 0 | 0 | |
| 4. Rents | 4. | | + | \vdash | + | + | 0 | 0 | |
| 5. Royalties | 5. | | + | \vdash | 4 | $\perp \perp$ | 0 | 0 | |
| 6. Gains/losses | 6. | | + | | 4 | $\perp \perp$ | 0 | 0 | |
| 7. Other income | 7. ∎ | | | Щ | 4 | $\perp \perp$ | 0 | 0 | |
| 8. Total gross revenue (Add Items 1 thru 7) | 8. 🕳 | | | Щ | - | $\perp \perp$ | 0 | 0 | |
| 9. Deductions from gross revenue | 9. 🛮 | | | Щ | _ | $\perp \perp$ | 0 | 0 | |
| 10. TOTAL REVENUE (Item 8 minus Item 9) (If less than zero, enter 0) | 10. 🛮 | | | Щ | _ | $\perp \perp$ | 0 | 0 | |
| 11. Gross receipts in Texas | 11. 🝙 | | | | | $\perp \perp$ | 0 | 0 | |
| 12. Gross receipts everywhere | 12. | | | | | Ш | 0 | 0 | |
| 13. Apportionment Factor (Divide Item 11 by Item 12) (Round to 4 decimal places) | 13. | | | | | 1 | | Ш | |
| 14. Apportioned revenue (Multiply Item 10 by Item 13) (Dollars and cents) | 14. | | | Ш | | Ш | _ | Ш | |
| 15. Tax due before discount (Multiply Item 14 by 0.00575) (Dollars and cents) | 15. | | , | | | | | Ш | |
| 16. Discount (See instructions) | 16. | | | | | | | Ш | |
| 17. TOTAL TAX DUE (Item 15 minus Item 16) (Do not include payment if this amount is less than \$1,000 | ນ 17. ∎ | | ŀ | | | | | | |
| If the amount in Item 17 is \$1,000 or more, you must o | omplete | | | | | | | = | |
| Printor type name | | (| de and | pnone - | numoe | | | | |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and | i bellef. | | Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS | | | | | | |
| sign here Date | | P.O. Box 149348 Austin, TX 78714-9348 | | | | | | | |
| If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field of The Austin number is (512) 463-4600. | , | | | 00) 252 | c-1381,1 | toll free r | nationwic | de. | |
| For instructions on completing the franchise tax report forms | s, see Form | 05-392 | | | | | | | |
| Texas Comptroller Official Use O | nly | | | | | | | | |
| ▗███₿₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽ | ₩, | | VE, | /DE | | | o , | | |
| | | | PM | Date | | | | | |
| | | | | | | | | | |

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(Rev. 1-08/2)

TEXAS FRANCHISE TAX PAYMENT FORM

| (| ■ Tcode 13050 Annual | | | | | | | | | | | |
|------------|--|-------------------|-----|----------------|-----|---|---------------|---|---|---|---|---------------|
| ■ T | axpayer number | ■ Report year | | Due date | _ | | | | | | | |
| | | 2 0 0 8 | в о | 5/15/2008 | | | | | | | | |
| Tax | payer name | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1. | Total tax due on this report | | 1. | | | | T | | T | | | $\overline{}$ |
| | (Item 34 from Form 05-158-B or Item 17 from Form 05-16 | 9) | | | | | | | | ш | | |
| 2. | Enter prior payment | | 2. | | Ţ | П | Ţ | | 丁 | | 1 | \top |
| | | | | | | | | | | | | |
| 3. | Nettax due (Item 1 minus Item 2) | | 3. | | | | | | | | | |
| | | | | | | | | | | | | |
| 4. | Penalty (Seeinstructions) | | 4. | | | | ŀ | | | | | |
| | | | | | | | _ | | | | | |
| 5. | Interest (See instructions) | | 5. | | | | | | | | | |
| | | | | | | | $\overline{}$ | П | | | | \neg |
| 6. | TOTAL AMOUNT DUE AND PAYABLE (Add Make amount countle to STATE COMPTROLLER | Items 3, 4 and 5) | 6. | ·└ | - 1 | | ł | | | | | \perp |

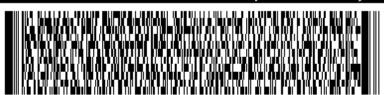
Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide.

The Austin number is (512) 463-4600.

For instructions on completing the franchise tax report forms, see Form 05-392.

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| Completion 05-175 Completion 05-175 Completion (1-08) Completion (1-08) Toode 13256 Annual | | AS FRANCHISE TAX PARTNERSHIP REPORT | | |
|---|--------------------|--|--------------------------------------|--------------------------------------|
| | Report year 2 0 | Taxpayer name | | |
| ■ 1. Partner taxpayer number (if none, use FEI number) | | ■ 2. Amount of Revenue being passed | | |
| | | | | 0 0 |
| 3. Legal name of Partner | | 4. State of Formation | ■ 5. Blacken circle if lower tier | ■ 6. Blacken circle if upper tier |
| Mailing address | | | | _ |
| City | State | Country | ZIP Code | Plus 4 |
| | | | | |
| 1. Partner texpayer number (f none, use FB number) | | 2. Amount of Revenue being passed | | |
| | | 16: 65 6 | 1 - 5 - 5 - 1 - 1 - 1 | 1 1 |
| 3. Legal name of Partner | | 4. State of Formation | ■ 5. Blacken circle if lower tier | ■ 6. Blacken circle if upper tier |
| Mailing address | | | | - |
| City | State | Country | ZIP Code | Plus4 |
| | | <u> </u> | ' | |
| ■ 1. Partner texpayer number (f none, use FB number) | | ■ 2. Amount of Revenue being passed | |] |
| | | | | 0 0 |
| 3. Legal name of Partner | | 4. State of Formation | ■ 5. Blacken circle if lower tier | ■ 6. Blacken circle if upper tier |
| Mailing address | | | | |
| City | State | Country | ZIP Code | Plus 4 |
| | | • | • | |
| ■ 1. Partner texpayer number (f none, use FB number) | | ■ 2. Amount of Revenue being passed | | |
| | | | | 100 |
| 3. Legal name of Partner | | 4. State of Formation | ■ 5. Blacken circle if lower tier | ■ 6. Blacken circle if upper tier |
| Wailing address | | | 0 | Ö |
| yraning address City | State | Country | ZP Code | Plus4 |
| , | - | | | 1024 |
| | | -175) to report information as no mptroller Official Use Only | ecessary. | |

Contact Us

Susan Combs

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